

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
MEDICAL ASSISTANCE ADMINISTRATION  
Olympia, Washington**

**To:** Indian Health Service Providers  
Tribal Health Clinic Providers  
Managed Care Plans

**Memorandum No.: 05-72 MAA**

**Issued:** July 26, 2005

**From:** Douglas Porter, Assistant Secretary  
Medical Assistance Administration

**For More Information, contact:**

Deborah Sosa, Native Health Program Manager

Email: [sosada@dshs.wa.gov](mailto:sosada@dshs.wa.gov)

(360) 725-1649

**Subject: Indian Health Services: Encounter Rate Increase**

This memorandum informs Indian Health Service (IHS) and Tribal Health Clinic providers of an increase in the IHS encounter rate **retroactive for claims with dates of service on and after January 1, 2005**.

## **Rate Increase**

**Retroactive for claims with dates of service on and after January 1, 2005**, the IHS encounter rate was increased from \$216.00 per encounter to \$223.00 per encounter. (A copy of the Federal Register is attached.)

Please use the new IHS encounter rate of \$223.00 when billing for Medicaid-covered services provided on and after January 1, 2005.

## **Rebilling**

**Do not rebill claims that have already been paid.** By November 1, 2005, MAA will process a one-time mass adjustment to pay providers the difference between the old and the new encounter rate. This adjustment will affect claims for dates of service through August 31, 2005, which were finalized and paid at the old billed rate of \$216.00. After MAA finalizes the mass adjustment, providers must adjust any claims not caught in the adjustment process to receive the higher payment.

## MAA's Provider Issuances

To view and download MAA's numbered memoranda and billing instructions electronically, visit MAA's website at <http://maa.dshs.wa.gov> (select the *Billing Instructions/Numbered Memoranda* link).

To request a free paper copy from the Department of Printing:

1. **Go to:** <http://www.prt.wa.gov> (Orders filled daily).
  - a) Click *General Store*.
  - b) If a **Security Alert** screen is displayed, click **OK**.
    - i. Select either *I'm New* or *Been Here*.
    - ii. If new, fill out the registration and click *Register*.
    - iii. If returning, type your email and password and then click *Login*.
  - c) At the **Store Lobby** screen, click *Shop by Agency*. Select *Department of Social and Health Services* and then select *Medical Assistance*.
  - d) Select *Billing Instructions, Forms, Healthy Options, Numbered Memo, Publications, or Issuance Correction*. You will then need to select a year and the select the item by number and title.
2. **Fax/Call:** Dept. of Printing/Attn: Fulfillment at FAX (360) 586-6361/ telephone (360) 586-6360. (Orders may take up to 2 weeks to fill.)

words such as “must,” “shall,” and “will” in the original VICH document have been substituted with “should.” Similarly, words such as “require” or “requirement” have been replaced by “recommend” or “recommendation” as appropriate to the context.

The draft VICH guidance (#177) is consistent with the agency’s current thinking on the subject matter. This guidance does not create or confer any rights for or on any person and will not operate to bind FDA or the public. An alternative method may be used as long as it satisfies the requirements of applicable statutes and regulations.

#### IV. Comments

This draft guidance document is being distributed for comment purposes only and is not intended for implementation at this time. Interested persons may submit to the Division of Dockets Management (see **ADDRESSES**) written or electronic comments regarding this draft guidance document. Submit a single copy of electronic comments or two paper copies of any mailed comments, except that individuals may submit one paper copy. Comments are to be identified with the docket number found in brackets in the heading of this document. A copy of the draft guidance and received comments are available for public examination in the Division of Dockets Management between 9 a.m. and 4 p.m., Monday through Friday.

#### V. Electronic Access

Electronic comments may also be submitted via the Internet at <http://www.fda.gov/dockets/ecomments>. Once on this Internet site, select Docket No. 2005D-0200 entitled “Specifications: Test Procedures and Acceptance Criteria for New Biotechnological/Biological Veterinary Medicinal Products” (VICH GL40) and follow the directions.

Copies of the draft guidance document entitled “Specifications: Test Procedures and Acceptance Criteria for New Biotechnological/Biological Veterinary Medicinal Products” (VICH GL40) may be obtained on the Internet from the Center for Veterinary Medicine home page at <http://www.fda.gov/cvm>.

Dated: May 23, 2005.

**Jeffrey Shuren,**

*Assistant Commissioner for Policy.*

[FR Doc. 05-10625 Filed 5-24-05; 11:50 am]

**BILLING CODE 4160-01-S**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Indian Health Service

#### Reimbursement Rates for Calendar Year 2005

**AGENCY:** Indian Health Service, HHS.

**ACTION:** Notice.

**SUMMARY:** Notice is given that the Director of Indian Health Service (IHS), under the authority of sections 321(a) and 322(b) of the Public Health Service Act (42 U.S.C. 248 and 249(b)), Public Law 83-568 (42 U.S.C. 2001(a)) and the Indian Health Care Improvement Act (25 U.S.C. 1601 *et seq.*), has approved the following rates for inpatient and outpatient medical care provided by IHS facilities for Calendar Year 2005 for Medicare and Medicaid Beneficiaries and Beneficiaries of other Federal Agencies. The Medicare Part A inpatient rates are excluded from the table below as they are paid based on the prospective payment system. Since the inpatient rates set forth below do not include all physician services and practitioner services, additional payment may be available to the extent that those services meet applicable requirements. Public Law 106-554, dated December 21, 2000, authorized IHS facilities to file Medicare Part B claims with the carrier for payment for physician and certain other practitioner services provided on or after July 1, 2001.

#### Inpatient Hospital Per Diem Rate (Excludes Physician/Practitioner Services)

Calendar Year 2005

Lower 48 States—\$1,542

Alaska—\$2,032

#### Outpatient Per Visit Rate (Excluding Medicare)

Calendar Year 2005

Lower 48 States—\$223

Alaska—\$391

#### Outpatient Per Visit Rate (Medicare)

Calendar Year 2005

Lower 48 States—\$181

Alaska—\$371

#### Medicare Part B Inpatient Ancillary Per Diem Rate

Calendar Year 2005

Lower 48 States—\$312

Alaska—\$635

#### Outpatient Surgery Rate (Medicare)

Established Medicare rates for freestanding Ambulatory Surgery Centers.

#### Effective Date for Calendar Year 2005 Rates

Consistent with previous annual rate revisions, the Calendar Year 2005 rates will be effective for services provided on/or after January 1, 2005 to the extent consistent with payment authorities including the applicable Medicaid State plan.

Dated: May 20, 2005

**Charles W. Grimm,**

*Assistant Surgeon General, Director, Indian Health Service.*

[FR Doc. 05-10650 Filed 5-26-05; 8:45 am]

**BILLING CODE 4165-16-P**

## DEPARTMENT OF HOMELAND SECURITY

### Coast Guard

[USCG-2005-21202]

#### Collection of Information Under Review by Office of Management and Budget (OMB): OMB Control Number: 1625-0018

**AGENCY:** Coast Guard, DHS.

**ACTION:** Request for comments.

**SUMMARY:** In compliance with the Paperwork Reduction Act of 1995, the Coast Guard intends to seek the approval of OMB for the renewal of one Information Collection Request (ICR). The ICR comprises (1) 1625-0018, Official Logbook. Before submitting the ICR to OMB, the Coast Guard is inviting comments on it as described below.

**DATES:** Comments must reach the Coast Guard on or before July 26, 2005.

**ADDRESSES:** To make sure that your comments and related material do not enter the docket [USCG-2005-21202] more than once, please submit them by only one of the following means:

(1) By mail to the Docket Management Facility, U.S. Department of Transportation (DOT), room PL-401, 400 Seventh Street, SW., Washington, DC 20590-0001.

(2) By delivery to room PL-401 on the Plaza level of the Nassif Building, 400 Seventh Street, SW., Washington, DC, between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays. The telephone number is 202-366-9329.

(3) By fax to the Docket Management Facility at 202-493-2251.

(4) Electronically through the Web site for the Docket Management System at <http://dms.dot.gov>.

The Docket Management Facility maintains the public docket for this notice. Comments and material received

